2013 Employment Forum Q's

SPECIFIC QUESTIONS ABOUT THE POWERPOINT PRESENTATION AND THE REPORTS

- **01:** Did I understand correctly that the driving force of this system change is the U.S. Department of Justice? If not, who or what is?
- **A:** The driving force is increasing national expectation, attention, and recognition of integrated employment as a civil rights issue of the day.

The 1999 Olmstead Decision by the U.S. Supreme Court (Olmstead) and the U.S. Department of Justice (DOJ) require States to direct their funding to integrated settings. The federal Centers for Medicare and Medicaid Services (CMS) issues guidance on how federal Medicaid HCBS Waiver funds are used. CMS, as well as the DOJ, do not support using Medicaid funds for segregated settings.

The DOJ enforces the Olmstead decision and has provided guidance for States in complying with their obligations under the Americans with Disabilities Act (ADA) and Olmstead. The DOJ states that "a public entity may violate the ADA's integration mandate when it:

- (1) directly or indirectly operates facilities and/or programs that segregate individuals with disabilities;
- (2) finances the segregation of individuals with disabilities in private facilities; and/or
- (3) through its planning, service system design, funding choices, or service implementation practices, promotes or relies upon the segregation of individuals with disabilities in private facilities or programs."

The Iowa Department of Human Services (Department) must be clear that integrated community settings are the preferred location for the delivery of Home and Community Based employment supports. Additionally, there are economic benefits to the State of increasing the number of people with disabilities employed. Research by Robert Cimera (Kent State) indicates that there is a \$1.61 return on investment for every \$1.00 employment services.

02. Why is now the right time to consider these changes?

A: According to the Administration for Community Living (ACL), it is more evident than ever that employment affects not only income, but also well-being and self-esteem, in powerful ways. "The confidence and growth that come with successful employment are huge, and the empowerment that comes with controlling your own resources is an important part of living a self-determined life." ¹

Additionally, the ACL states that "...the rate of competitive employment in integrated settings for people with intellectual and developmental disabilities is unacceptable, at less than 25%. Graduation rates, a key indicator for employment success, continue to hover around 30% for students with intellectual disabilities. Higher education opportunities for students with ID/DD remain extremely limited. Supports and services to ensure success in competitive, integrated employment are not always prioritized. Families may struggle with the interdependencies of facilitating and supporting a meaningful day for family members with ID/DD, while simultaneously trying to maintain their own employment. Transportation is also frequently a barrier in many communities."²

¹ AIDD website http://www.acl.gov/NewsRoom/Blog/2013/2013 03 15.aspx

² AIDD website at http://www.acl.gov/NewsRoom/Blog/2013/2013 03 15.aspx

Many organizations are working in partnership with the Department of Justice and the U.S. Department of Health and Human Services' Office of Civil Rights to ensure that Olmstead rights are enforced, so that people with disabilities have opportunities to live and work in integrated communities. Iowa has a unique opportunity now to craft how we manage this needed change, instead of waiting for a lawsuit through which the Court then dictates to us how, when, and what the changes will look like.

03: work in progress....

- **04:** How do we get the 80%-20% ratio between community integrated employment and facility employment more equal?
- **A:** The intent of the recent Community Forums and the engagement of stakeholders in the Workgroup is to develop a system that emphasises integrated community employment while providing a full array of employment opportunities for people with disabilities. The Forums and ensuing Workgroup sessions are an opportunity for local input to create ways to make the change.
- **05:** What is the target for rebalancing the system? 50/50?
- A: An exact target is not set at this time. We are interested in using public funds to increase the full array of employment options available to people with disabilities. We want MORE choices, not less. In 2011 we spent 80% of public funds on non-integrated employment services, and only 20% of public funds on supported employment and integrated community employment services. We would like to shift that mix so that public funds are used first to help people get and retain employment in the community.
 - We anticipate that the rebalancing of the system will occur in tandem with the Balancing Incentive Payment Program (BIPP) and will be continuously rebalancing the distribution toward more participation in integrated community employment services.
- **06:** Re: the slide with the \$\$ bars: Why is the spending for facility staying consistent but the non-work facility services jumped so much? The people decreased, but the money stayed the same; why?
- **A:** In part because of county funding challenges in 2011, the state began to experience a shift away from county funded work activity which included services provided in facility based programs, toward Medicaid funded Day Habilitation. Hence the increase in facility based day programming.

SERVICE DEFINITIONS

- **07:** What is the definition of "integrated employment"?
- **A:** Many consider integrated employment to be a job in a community-based setting where employees with disabilities work alongside non-disabled employees and earn at least a minimum wage. This is the definition of integrated employment found in the Olmstead decree.
- 08: Where do enclaves fit, in all this?
- **A:** Enclaves are considered community based group employment. Enclaves have value for the job seeker in providing opportunities to gain exposure to work tasks and the work environment in a structured

and supportive setting. Vocational Rehabilitation can't financially support enclaves as it is not competitive, integrated community employment. It can, however, be used as a stepping stone to further develop work behaviors and work skills that will lead to competitive, integrated community employment.

09: work in progress...

- **10:** There is a gap between prevocational services and integrated employment services. Are there any types of services that can do some more work at bridging the gap?
- A: Opportunities for individuals to move from prevocational services to integrated employment can include job shadows, volunteer work, on-the-job-training (OJT), temporary employment, enclaves, plus various specific training curriculum being developed in partnership with business and/or community colleges. Two such examples present in various locations throughout lowa are Walgreen's REDI program (retail), and Project SEARCH within the healthcare industry. The Employment Workgroup hopes to address these gaps in the service definitions during the work sessions in July.

MONEY

11: Where is the money coming from for this change?

A: The money that is currently spent in the system (Medicaid funds, County funds) will be funding the change. In state fiscal year 2011, the State and Counties spent a combined \$42,344,399. The rate structure that will evolve out of the work over the next few months will be cost neutral by realigning rates with integrated community employment outcomes. This isn't about adding new money into lowa's disability/employment system; it's about rebalancing existing funding to make better, more effective use of the funds currently available in order to improve employment outcomes for workers with disabilities.

As people become employed they will contribute to the overall economy through taxes, reduced Medicaid costs, and infusion of additional money to their communities as their spending power increases and they move out of poverty.

12: Will the funding actually be there when it comes to rate re-structuring?

A: Current funding will be used (see the answer to question #11); we are looking at how to spend the same money differently.

Iowa actually began this effort in 2009 with assistance from the State Employment Leadership Network (SELN). For the past four years, with consultation from SELN and assistance from other disability/employment stakeholders, information has been gathered from other states' rebalancing efforts to guide Iowa's rebalancing effort. In addition, employment service time usage data have been collected from Iowa's community of employment providers that will inform the process. Five Community Forums were held in June 2013 and an ongoing workgroup, composed mainly of providers, has been formulated and is meeting.

13: What will be the funding source to support people going to supported employment instead of prevocational services (7%)? The old code of W5019 (\$900) does not cover the cost for "Discovery" process and the slow response time from IVRS as it is frustrating to the client. Getting to know the person is important to moving forward.

- **A:** We agree that Discovery is a key process in assisting people with obtaining employment. We anticipate that the Workgroup will address Discovery in the service definition revisions.
- 14: Assumption "L"³ and "M"⁴: Is there going to be a designated funder for the services? Currently, it's common to hear that DHS, County, and IVRS are each the funder of last resort.
- A: One of the intended outcomes of this effort is to address the gaps in eligibility and funding availability for employment services. Employment services will continue to be funded through Medicaid, IVRS and the Regions. Not all individuals meet the eligibility requirements of the various funding sources.
- 15: Is it possible to fund waiver services at a more comprehensive level? (i.e., lump separately funded services into a comprehensive rate based on a multitude of services they provide?) Much like a daily rate for ICF/ID. You are paid one rate to provide whatever service the person needs.
- **A:** At this time, the administration of the waiver services does not allow for bundling; however, as more long term services and supports are managed through a managed care organization (MCO) or administrative service organization (ASO), this type of funding structure may become a consideration.

16: Would federal money with fewer strings attached be beneficial?

- A: Anytime the State enters into an agreement with the federal government to draw down federal match to fund services, the State is expected to make certain assurances regarding access, health and safety, provider network, financial accountability, and quality assurance. We are not aware of federal dollars for employment service funding that does not require the State to make such assurances.
- 17: Your graphs certainly appear to be about "the money"; why is it always about the money and not about the best interests of the people we serve?
- A: It is about how to make the money serve the best interests of people with disabilities. The goals of ICIE, MH Redesign, and all these efforts are about providing community based services with positive outcomes for those served.

MEDICAID

18: What is "CMS"?

A: The federal Centers for Medicare and Medicaid Services is referred to as "CMS". This is the federal agency that grants authority to the States to provide Medicaid services including Home and Community Based Waiver employment services. They guide how Iowa's Medicare and Medicaid programs are operated and how funds are used.

³ L. Funding systems need to have complementary case management systems that support the individual: The case management structure and process needs to be responsive to changes in individual's support needs and be able to quickly fund additional supports during times of crisis. Additionally the funding and case management systems must be designed to support a whole life individual community centered approach.

⁴ M. Funding systems must acknowledge the long-term costs: For long-term cost management, state I/DD agencies must determine what facility-based and day services they will reduce to allow reallocation of resources for expansion of employment and employment related integrated services, for instance adding career planning/discovery to the service options.

19: Will prevocational services go away?

A: No.

- **20:** Medicaid is a health insurance program; why does it pay for vocational services? Why can't other health insurers pay for VR? Can they? Should they? If Medicaid continues to pay for VR, how will Medicaid expansion impact numbers served, and outcomes, or will it?
- **A:** Employment supports were added to the 1915c Home and Community Based Waiver services as a recognition that life in the community includes how people spend their day, and when people are employed Medicaid utilization is reduced, resulting in lower Medicaid claims.
- **21:** How long can consumers stay in prevocational services? Are there goals that are measurable? And why does it exist with only 7% of consumers leaving prevocational services?
- **A:** CMS has indicated that prevocational services are to be time limited. It is anticipated that as the workgroup and public address service definitions of the HCBS programs, time limitations will be incorporated in some manner.

22: work in progress...

- 23: What does fading entail and how quickly (specific to integrated employment)? This is great to have for a goal, but a guide can often turn into rules & backing out coaching supports too quickly for employer & client can be dangerous. It's individual.
- **A:** CMS has indicated that employment services are to be time limited and should fade out over time. As the workgroup and public address service definitions of the HCBS programs, time limitations will evolve into guidance regarding fading out of services over time.

24. What are the differences between prevocational and sheltered work, and other wrap-around or day services?

A: According to the federal regulations found at 42 CFR 440.180(c)(2)(i), prevocational services are "services that prepare an individual for paid or unpaid employment and that are not job-task oriented but are, instead, aimed at a generalized result." People who receive prevocational services may also receive educational, supported employment, and/or day habilitation services.

The federal CMS rules for Medicaid prevent DHS from using Medicaid funds for sheltered workshop services. In addition, the DOJ Olmstead enforcement actions are clear that it is the State's responsibility to ensure people have opportunities to choose to live and work in integrated community settings.

Day programs funded by Medicaid include day habilitation, day care, supported employment, or prevocational services.

Likewise, prevocational services are designed to prepare a person for more integrated employment. As such the CMS does not allow Medicaid funding for this service to continue indefinitely without demonstrating that the person is progressing toward his or her vocational goals.

The ID and BI Waivers as well as the HCBS Habilitation program, offer other day services such as day habilitation, home based habilitation, supported community living, or adult day care for people who do not desire employment or are not working toward employment. For those who are interested in

becoming competitively employed, other individualized services, such as supported employment, are available to assist in meeting this need.

The Department's intent is to ensure that Medicaid members continue to receive services for which they are eligible and that are based on an identified need of the member. In addition, DHS must assure CMS that service plans are authorized and utilized appropriately through ongoing service plan reviews.

25: How will the information generated by the new Workgroup be used?

A: This information is being used to guide the redesign of Medicaid-funded employment services and engage the public in ongoing dialogue about improving access to employment for people with disabilities.

26: What are the next steps after the workgroups and webinars?

A: Based on the Workgroup activities and public input, the next steps are testing and piloting rate models, revising rates based on what's learned, and then drafting administrative rules, policies and procedures. The proposed rules will include the proposed rate structure and policies. Revisions to the draft rules and policies will occur based on the pilots' experience and feedback from all stakeholders.

27: Once all feedback from the Workgroup is gathered, then draft rules created-- where does this go? Who is the deciding entity to say "yes" or "no" to what is proposed?

A: The Workgroup and the public as well as the Parents / Family Coalition, guided by CMS instruction, will determine the rules and policies that will be proposed to the DHS / IME leadership for piloting. As stated in Q.#26, additional revisions will be made as needed to service definitions and rates structure based on the pilot experience. The Department's Executive Council will approve any administrative rule changes to be noticed, and State Administrative Rules Committee will review. CMS has final approval of any changes that IME proposes to make to the 1915(c) waiver applications.

28: What would the timeline be for implementation of these recommendations?

A: We envision a phase-in over 12-24 months' time, or longer. Gradually, revisions would become implemented statewide. As indicated above, we need to allow time for pilot testing of various rates, and revisions according to what's learned through the piloting.

29. What steps have been taken so far to determine sample rates for Iowa's system?

A: The Department has carefully studied the problems in its current funding methodology, has studied states that have successfully used funding to encourage integrated employment outcomes, and developed sample methodology based on best practices and on what a number of other states have done.

In collaboration with other State partners, the Department will bring in a variety of national experts to advise provider executives and policymakers on determining sample rates and implementing a new system.

FAMILY INVOLVEMENT & EXPECTATIONS

- **30:** While this is a system activity, how are families and people with disabilities going to be included in planning, implementation and evaluation? How will changes be communicated to families and people with disabilities?
- A: People with disabilities and families have already been involved and they will continue to be. As a result of one of these efforts, for example, the Olmstead Taskforce disseminated an Employment position paper. Including people with disabilities and their families is important for the success and implementation of these future changes. There will be self-advocates, parents, and family members reviewing the rules for implementation. Additionally, we'll continue to involve self-advocates and families through the ICIE Parent/Family Coalition in a feedback loop with the work of the Workgroups. We try to communicate changes through ASK Resource Center, through individual parents and people with disabilities, through groups that we communicate with and that forward our communications in their newsletters or list-serves (AMOS, APSE, ARC-lowa, DD Council and ID Action, DHS Case Management, ISAC Case Management, SEIa Case Management, lowa Behavioral Health Association, Magellan, MHDS Commission, NAMI, Olmstead Consumer Taskforce, and others.) We hope parents and people with disabilities are involved on the feedback webinars. We ask providers to speak with consumers or their families and ask them to participate.
- **31:** How do I convince capable individuals to get out of a sheltered workshop environment into competitive employment with less favorable hours, when their mentality is "I don't need money from a job, SSI pays for everything I need."? What do I do when parents support this mentality too?
- A: Parents are often afraid to try something new; they need to understand the options and how their loved one will be supported. You can do this by providing Benefits Planning early in a person's life before they get comfortable in a sheltered work environment. Integrated employment should be their first stop before they are placed in workshops. Funding for these services needs to be available earlier, for this to happen. Benefits Planning is essential to understanding how someone can receive benefits and work. By providing Benefits Planning early, parents will be able to see that their son/daughter will live a better life by earning more and still be able to have what they need. It's often most powerful for family members to see others' success stories. Watching someone work in the community is very powerful.

Iowa's Work Incentive and Self Employment Seminars have produced many successes. Six Iowans' stories are highlighted in two "Success Story" videos, produced by the Iowa Medicaid Infrastructure Grant (MIG). One video features Iowa wage earners with disabilities, and the other features Iowa business owners with disabilities: "If Everybody Works-Wage Earners" http://youtu.be/7 94UInr5XU and "If Everybody Works-New Entrepreneurs" http://youtu.be/AG6uru_QwiU.

- **32:** Do parents and family members support changes to Iowa's rate structure? What about parents and families who have come to rely on center-based employment for their sons and daughters, what will happen to those folks?
- A: Employment in the general workforce is the overwhelming choice for Iowa's parents of children receiving special education services. A 2009 Department of Education study found that more than 90% of Iowa parents, regardless of their child's disability, expect them to work in the community after graduating from high school.⁵ Many parents are supportive, but they need to be made more aware

-

⁵ Iowa Department of Education, Transition Survey (2009)

of the options available. With a change in funding structure and support to providers, we hope to create more choices in our communities. "Systems change" is a slow process, and the change needs to start the day a child with a disability is born.

Q & A #33 through 67, work in progress to come...

How can I find out more?

Feel free to contact the following Staff:

Iowa Department of Human Services

Mental Health:

Lin Nibbelink
Division of MHDS
Hoover Bldg. 1305 E Walnut St.
Des Moines IA 50319
PH 515.281.3023
FAX 515.242.6036
Inibbel@dhs.state.ia.us

Medicaid:

LeAnn Moskowitz
IME Bureau of Long Term Care
100 Army Post Road
Des Moines, IA 50315
PH 515.256.4653
FAX 515. 725.1360
Imoskow@dhs.state.ia.us

Iowa Department of Vocational Rehabilitation Services

LeeAnn Russo

Resource Manager 510 E 12th St., Jessie Parker Bldg. Des Moines IA 50319 PH 515.281.4144 LeeAnn.Russo@iowa.gov